

EXHIBIT I:

PROPERTY CLERK'S MOTOR VEHICLE/BOAT INVOICE										
PD 571-147 (Rev. 5/01)-Part										
CATEGORt OF PROPERTY:			<input type="checkbox"/> Rotation Tow (See Reverse Side of Yellow Copy) <input type="checkbox"/> Arrest Evidence <input checked="" type="checkbox"/> Forfeiture <input type="checkbox"/> Investigation <input type="checkbox"/> Safeskeeping <input type="checkbox"/> Determine True Owner							
Arresting/Assigned Officer BATLEY DAVID			Rank DET	Shield No. 6844	Tax Reg. No. 932289	DATE 08/14/10 YR				
							Command NEMS			
Year of Veh. 2010	Make DODGE	Model CHALLENGER	Type 20SD	Color RED	Veh. Ident. No. 2B3CJ5D70AH130345					
No. of Lic. Plates <input type="checkbox"/> One <input checked="" type="checkbox"/> Two <input type="checkbox"/> None	Lic. Plate No. EVV8252	State NY	Certificate of Inspection Ser. No. 12559703		State NY	Yr. 10	Veh./Boat Running <input type="checkbox"/> Yes <input type="checkbox"/> No	Boat Found Adrift <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	
Item Pct. Qty.	No. Of Tires <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. Of Air Bags <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Battery <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> None	Radio <input type="checkbox"/> CD <input type="checkbox"/> Cass <input type="checkbox"/> None	Other Sound Equip. <input type="checkbox"/> CD <input type="checkbox"/> Cass <input type="checkbox"/> None	Special Wheels <input type="checkbox"/> Wheel Covers <input type="checkbox"/> Keys With Vehicle	<input type="checkbox"/> Ignition <input type="checkbox"/> Trunk <input type="checkbox"/> None	<input type="checkbox"/> Ignition <input type="checkbox"/> Trunk <input type="checkbox"/> None		
Pr. Cik. Qty.			<input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> None	<input type="checkbox"/> CD <input type="checkbox"/> Cass <input type="checkbox"/> None						
Item Pct.	Trunk <input type="checkbox"/> Open <input type="checkbox"/> Locked <input type="checkbox"/> Broken		Glove Compartment <input type="checkbox"/> Open <input type="checkbox"/> Locked <input type="checkbox"/> Broken	Exterior Condition <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Shell		Interior <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				
Pr. Cik. Qty.	<input type="checkbox"/> Open <input type="checkbox"/> Locked <input type="checkbox"/> Broken		<input type="checkbox"/> Open <input type="checkbox"/> Locked <input type="checkbox"/> Broken	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Shell		<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				
Pct. Qty.	Additional Equipment or Accessories									
Pr. Cik. Qty.	Additional Equipment or Accessories									
Pct. Qty.	List Missing or Damaged Parts (Indicate Which)									
Pr. Cik. Qty.	List Missing or Damaged Parts (Indicate Which)									
Location Veh./Boat Obtained F/C 360 WEST 43 STREET			Time 1810	Date 08/14/10	Personal Property Removed <input type="checkbox"/> Yes <input type="checkbox"/> No			Pr. Cik. Invoice No. 6726593		
Alarm No.	Pct.	Complaint No.	Date Trans.	Cancelled By	Date Cancelled	Time	N.A.T.B. NTFD. <input type="checkbox"/> Yes <input type="checkbox"/> No	Inter-City Corres. Unit No.		
Registered Owner Notified By DET BATLEY DAVID			Rank DET	Shield No. 6844	Precinct NEMS	Date 08/14/10	Time 2030	How Notified <input type="checkbox"/> Letter <input type="checkbox"/> Telephone <input type="checkbox"/> Fax		
Vehicle Taken From POWELL RABEEN			Address 315 WEST 116 ST		City NEW YORK		State NY	Zip Code 10012	Telephone No. 6455338817	
Prisoner's Last Name POWELL RABEEN			First RABEEN	Age 27	Address 315 WEST 116 STREET	City NEW YORK	State NY	Zip Code 10012	No. of Pris. 1	
Copy of Arrest 08/14/10	Arrest No. 10672627N	Pct. 014	Compl. No. 014	Pct. 014	Charge CSM	Receipt Received/Issued				
Double Tow <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Authorizing Officer									
Name of A.D.A. Requesting Vehicle be Held						Borough	Telephone No.			
Remarks: Enter any additional details, including a description of valuable parts, accessories, etc. Briefly explain why vehicle was taken into custody. PRISONER DID USE VEHICLE TO TRANSPORT AND SELL MARIJUANA										
<input type="checkbox"/> CHECK IF RETURNED TO OWNER, THEN COMPLETE BACK OF WHITE OR YELLOW COPY Arresting/Assigned Officer Signature										
Reviewing Supervisor			Tax No.		Rank	Date				
Storage Facility	Vehicle Delivered By			Shield	Tow Truck No.	Date				
Received at Storage Facility By		Rank	Shield No.	Data	Time	Location at Storage Facility				
						Property Clerk Storage Number				
Attach Copy of FINEST Printouts For All Vehicles Attach Copy of Complaint Report for Arrest Evidence, Investigation or Forfeiture Cases B 175208 V										
SECOND WHITE - Inventory Unit Copy GREEN - Evidence Release/Investigation Copy DISTRIBUTION: WHITE - Prop. Cik. File BLUE - Police Officer's Copy										
YELLOW - Prop. PINK - Prisoner/Claim										